

- **INFORMED CONSENT FOR GASTROINTESTINAL ENDOSCOPY**

**Patient Label**

Direct visualization of the digestive tract and abdominal cavity with lighted instruments is referred to as gastrointestinal endoscopy. Your physician has advised you of your needs to have this type of examination. The following information is presented to help you understand the reasons for, and possible risks of, these procedures.

At the time of your examination, the inside lining of the digestive tract will be inspected thoroughly and possibly photographed. If an abnormality is seen or suspected, a small portion of tissue (biopsy) may be removed for microscopic study, or the lining may be brushed and washed with a solution that can be sent for analysis of abnormal cells (cytology). Small growths can frequently be removed (polypectomy). Occasionally during the examination a narrowed portion (stricture) will be stretched to a more normal size (dilation).

The following are the principal risks of these procedures:

- Aspiration (breathing in) of stomach contents or saliva into the lungs during anesthesia.
- Injury to the lining of the digestive tract by the instrument which may result in perforation of the wall and leakage into body cavities; if this occurs, surgical operation to close the leak and drain the region is often necessary.
- Bleeding, if it occurs, usually is a complication of biopsy, polypectomy, or dilation; management of this complication may consist only of careful observation or may require blood transfusion or possibly a surgical operation for control.
- Infection
- Failure to diagnose.

Other risks include drug reactions and complications incidental to other diseases you may have. You should inform your physician of all your allergic tendencies and medical problems. All of these complications are possible, but occur with very low frequency. Your physician will discuss this frequency with you, if you wish, with particular reference to your own indications for gastrointestinal endoscopy.

The possible risks to having your procedure performed in an Ambulatory Surgery Center (ASC) setting are the same as listed above and may include the potential need for transfer to St. Mary Medical Center in the event of a complication. The benefits of having this procedure in an ASC are as follows:

- ASC's provide a safe, satisfying and cost-effective alternative to hospital based procedures
- Increased patient satisfaction due to ease of the ASC setting

A brief description of each endoscopic procedure follows:

1. Upper Endoscopy (EGD or Esophagogastroduodenoscopy) is the examination of the esophagus from the throat to the entrance of the stomach, examination of the stomach, and examination of the small intestine just beyond the stomach (site of most ulcers).
2. Colonoscopy is the examination of all or a portion of the colon requiring careful preparation with diet, enemas, and medication. During a colonoscopy a polypectomy may be performed. This is the use of a wire loop and electric current to remove small growths (Polyps). Patients with previous pelvic surgery and those with extensive diverticulosis may be more prone to complication(s).

During the procedure you will be receiving clinical anesthesia. The anesthesia medications will be administered through a catheter into your vein. Your vital signs will be monitored throughout the procedure. The risks of anesthesia include, but are not limited to: inflammation of the vein, bruising and/or discoloration at the injection site, trismus or spasm of the muscles of the face, lack of coordination, drowsiness, fainting, allergic reactions, vomiting, nausea, damage to teeth or oral tissues, necrosis of tissue at injection site; brain damage; paralysis; cardiac arrests and/or death. The possible or likely result of the intravenous anesthesia is to keep you in a sedate or sleep-like state.

